MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10584910	

Applicant(s) **Axel Engels**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1							51						
2		1						52						
3		2						53						
4		(1)						54						
5		(1)						55						
6		(1)						56						
7		(1)						57						
8		(1)						58						
9		(1)						59						
10		(1)						60						
11	1							61						
12		1						62						
13		2						63						
14		(1)						64						
15		(1)						65						
16		(1)						66						
17								67						
18								68						
19								69						
20								70						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep	2		0		0									
Total Depend	16		0		0									
Total Claims	18		0		0									